



**DEPARTMENT OF MILITARY & VETERANS AFFAIRS**  
**LEAVE SHARING PROGRAM**  
**Annual Leave Contribution Record**  
(Please type or print legibly in ink.)

LAST NAME: FIRST: M.I.:

WORK ADDRESS:

WORK PHONE NUMBER: ( )

SOCIAL SECURITY NUMBER: JOB CLASS TITLE:

DEPARTMENT:

FULL-TIME: ( ) PART-TIME: ( ) \_\_\_\_\_%

NUMBER OF HOURS CONTRIBUTED TO CLASSIFIED LEAVE BANK:

I understand that my contribution is voluntary and confidential. I understand that there is no minimum contribution amount, however, a minimum of one day (8 hours) of contributed accrued annual leave is required before an employee may apply for leave bank hours, and that my annual leave balance will be decreased by the amount contributed. I certify that my contribution will not result in a negative leave balance.

CONTRIBUTING EMPLOYEE'S SIGNATURE:

DATE:

**SUPERVISOR'S ACKNOWLEDGEMENT OF LEAVE CONTRIBUTION**

SUPERVISOR'S SIGNATURE:

DATE:

**FOR HUMAN RESOURCE DEPARTMENT USE ONLY**

HUMAN RESOURCE SIGNATURE:

DATE:

☐ LEAVE RECORD UPDATED ☐ THANK YOU NOTE SENT ☐ SENT TO PAYROLL

Original record filed in employee Payroll file with a copy in Personnel file.